

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/051,290</i>	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51				
2	/					52				
3	/					53				
4	/					54				
5	4/					55				
6	7/4					56				
7	①/					57				
8	1/6					58				
9	④/					59				
10	1/0					60				
11	④/					61				
12	1/0					62				
13						63				
14						64				
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42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	/					TOTAL IND.				
TOTAL DEP.	11	↔	↔	↔	↔	TOTAL DEP.	↔	↔	↔	↔
TOTAL CLAIMS	12	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]